Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

From:

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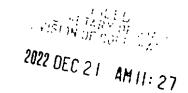
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ADOS REAL EX (Name of the Limite)		iy as it now appears (lability Company)	on our records.)	
The Articles of Organization for this Limited Lia Florida document number <u>L15000041197</u>	bility Company	were filed on 03/	05/2015	and assigned
This amendment is submitted to amend the follow	wing;			
A. If amending name, enter the new name of	the limited liabi	lity company here	:	
The new name must be distinguishable and contain the wo	rds "Limited Liabili	ty Company," the desi	gnation "LLC" or the	abhreviation "L.L.C."
Enter new principal offices address, if applicable:		4419 SW WA	BASH ST	
(Principal office address MUST BE A STREET ADDRESS)		PORT ST LUC	IE, FL 34953	
				*F************************************
Enter new mailing address, if applicable:		4419 SW WA	BASH ST	
(Mailing address MAY BE A POST OFFICE BOX)		PORT ST LUCIE, FL 34953		
				
B. If amending the registered agent and/or reagent and/or the new registered office address		ddress on our reco	ords, <u>enter the na</u>	ime of the new registered
Name of New Registered Agent:	CHANGE OF	ADDRESS		
New Registered Office Address:	4419 SW WA	BASH ST		
		Enter Florida	street address	
	PORT ST LU	JCIE	, Florida	
		City.		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

To:

13053284774

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
Authorized Member	CHANGE OF ADDRESS	4419 SW WABASH ST	DAdd
		PORT ST LUCIE, FL 34953	[]Remove
			[]Change
			□Add
			CiKennove
			Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)	AM 11: 27
	
	
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E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of tiling or noise than 90 days after filing.) Pursa Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will redocument's effective date on the Department of State's records.	iant to 605,0207 (3)(b) lot be listed as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th record is filed.	i day after the
Dated	
Golanda Rodriguez Synature of a member or authorized epresentative of a member	
Yolanda Rodriguez Typed or printed name of signee	